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| CROSS REFERENCE | | ISSUE CLASSIFICATION | | PATENT NUMBER | |
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| U.S. UTILITY Patent Application | | | | | |
| O.I.P.E. | | PATENT DATE | | | |
|  SCANNED  | |   | | | |
| APPLICATION NO. 09/840386 | CONT/PRIOR F | CLASS 438 | SUBCLASS 745 | ART UNIT 2832 2833 | EXAMINER <i>Vinh</i> |
| APPLICANTS <i>Yoshihisa Matsubara Toshiyuki Takewaki Manabu Iguchi</i> | | | | | |
| TITLE <i>Method for manufacturing semiconductor device, and processing system and semiconductor device</i> | | | | | |
| PTO-2040 <i>12/991</i> | | | | | |

| ISSUING CLASSIFICATION | | CROSS REFERENCE | |
|--|----------|-----------------|-----------------------------------|
| ORIGINAL | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) |
| CLASS | SUBCLASS | CLASS | |
| <input type="checkbox"/> 1000-1099 <input type="checkbox"/> 1100-1199 <input type="checkbox"/> 1200-1299 <input type="checkbox"/> 1300-1399 <input type="checkbox"/> 1400-1499 <input type="checkbox"/> 1500-1599 <input type="checkbox"/> 1600-1699 <input type="checkbox"/> 1700-1799 <input type="checkbox"/> 1800-1899 <input type="checkbox"/> 1900-1999 <input type="checkbox"/> 2000-2099 <input type="checkbox"/> 2100-2199 <input type="checkbox"/> 2200-2299 <input type="checkbox"/> 2300-2399 <input type="checkbox"/> 2400-2499 <input type="checkbox"/> 2500-2599 <input type="checkbox"/> 2600-2699 <input type="checkbox"/> 2700-2799 <input type="checkbox"/> 2800-2899 <input type="checkbox"/> 2900-2999 <input type="checkbox"/> 3000-3099 <input type="checkbox"/> 3100-3199 <input type="checkbox"/> 3200-3299 <input type="checkbox"/> 3300-3399 <input type="checkbox"/> 3400-3499 <input type="checkbox"/> 3500-3599 <input type="checkbox"/> 3600-3699 <input type="checkbox"/> 3700-3799 <input type="checkbox"/> 3800-3899 <input type="checkbox"/> 3900-3999 <input type="checkbox"/> 4000-4099 <input type="checkbox"/> 4100-4199 <input type="checkbox"/> 4200-4299 <input type="checkbox"/> 4300-4399 <input type="checkbox"/> 4400-4499 <input type="checkbox"/> 4500-4599 <input type="checkbox"/> 4600-4699 <input type="checkbox"/> 4700-4799 <input type="checkbox"/> 4800-4899 <input type="checkbox"/> 4900-4999 <input type="checkbox"/> 5000-5099 <input type="checkbox"/> 5100-5199 <input type="checkbox"/> 5200-5299 <input type="checkbox"/> 5300-5399 <input type="checkbox"/> 5400-5499 <input type="checkbox"/> 5500-5599 <input type="checkbox"/> 5600-5699 <input type="checkbox"/> 5700-5799 <input type="checkbox"/> 5800-5899 <input type="checkbox"/> 5900-5999 <input type="checkbox"/> 6000-6099 <input type="checkbox"/> 6100-6199 <input type="checkbox"/> 6200-6299 <input type="checkbox"/> 6300-6399 <input type="checkbox"/> 6400-6499 <input type="checkbox"/> 6500-6599 <input type="checkbox"/> 6600-6699 <input type="checkbox"/> 6700-6799 <input type="checkbox"/> 6800-6899 <input type="checkbox"/> 6900-6999 <input type="checkbox"/> 7000-7099 <input type="checkbox"/> 7100-7199 <input type="checkbox"/> 7200-7299 <input type="checkbox"/> 7300-7399 <input type="checkbox"/> 7400-7499 <input type="checkbox"/> 7500-7599 <input type="checkbox"/> 7600-7699 <input type="checkbox"/> 7700-7799 <input type="checkbox"/> 7800-7899 <input type="checkbox"/> 7900-7999 <input type="checkbox"/> 8000-8099 <input type="checkbox"/> 8100-8199 <input type="checkbox"/> 8200-8299 <input type="checkbox"/> 8300-8399 <input type="checkbox"/> 8400-8499 <input type="checkbox"/> 8500-8599 <input type="checkbox"/> 8600-8699 <input type="checkbox"/> 8700-8799 <input type="checkbox"/> 8800-8899 <input type="checkbox"/> 8900-8999 <input type="checkbox"/> 9000-9099 <input type="checkbox"/> 9100-9199 <input type="checkbox"/> 9200-9299 <input type="checkbox"/> 9300-9399 <input type="checkbox"/> 9400-9499 <input type="checkbox"/> 9500-9599 <input type="checkbox"/> 9600-9699 <input type="checkbox"/> 9700-9799 <input type="checkbox"/> 9800-9899 <input type="checkbox"/> 9900-9999 | | | |
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|---|------------|----------|------------|-----------------|--|
| TERMINAL DRAWINGS | | DRAWINGS | | CLAIMS ALLOWED | |
| Check List | Rev. Draw. | Plan Pg. | Spec Sheet | Reason for O.K. | |
| (Date) | | (Date) | | (Date) | |
| Accident Elimination | | (Date) | | Amount Due | |
| <p style="text-align: center;">X-1000</p> <p style="text-align: center;">X-1000</p> <p style="text-align: center;">X-1000</p> | | | | | |

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